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## RECTAL POCKETS.

BY H. T. WEBSTER, M. D.

ABOUT two years ago Prof. E. H. Pratt, of Chicago, called attention to the subject of rectal pockets and fringes in an article in the *Medical Era*, and since that time has prepared a work for the press which is largely occupied in dealing with the same subjects, entitled, "Orificial Surgery." He has called attention to the importance of recognizing the influence exerted upon the general nervous system by rectal diseases, and has stimulated a vast amount of investigation upon the subject by different members of the profession in this direction.

I have read "Orificial Surgery" and have investigated the soundness of the views there enunciated, in a limited way, and have drawn some conclusions of my own therefrom, which I will respectfully submit for the consideration of the reader. Experience with a few cases of the kind certainly does not warrant weighty opinions, but as I have neither seen nor heard anything

dissenting from the views of Dr. Pratt, except ridicule, it seems but fair that the subject should be candidly discussed.

The discovery of this abnormal condition is not due to Dr. Pratt, however instrumental he may have been in calling the attention of the majority of the profession to it. Dr. Physick, who has been termed the father of American surgery, and who died in Philadelphia in 1837, first described the condition, which is also noticed at length in "Gross' System of Surgery," from the fifth edition, page 636, of which I quote as follows from an article under the title, "Sacs of the Anus:"—

"This affection, first described by Dr. Physick under the name of encysted rectum, is very uncommon. [Quite a mistake, I assure you.] A more appropriate appellation for it would be sacciform disease of the anus, as it consists simply in an altered condition of the sacs, pockets, or pouches naturally existing in this situation, to the number, in many cases, of eight, ten or even a dozen. [Here I also would dissent, as I have examined many cases carefully where no sacs or pouches existed at all that could be found with the point of a small hook. However, follicles may be present, but they are too small to be detected by any ordinary manipulation unless diseased.] These sacs are always very small in early life, but as their development is regularly progressive they are capable of acquiring a considerable size, especially if, as not unfrequently happens, they serve as receptacles for hardened feces, inspissated mucus, or small extraneous bodies. [Here I would again dissent. I have examined patients past sixty years of age where the lining of the portion of the anus included within the sphincters was perfectly smooth and devoid of any appearance of pockets and I have seen these abnormalities in children less than ten years of age.] From these and other causes, not always very obvious, they become the seat of morbid action, as inflammation, suppuration, and ulceration, often attended with exquisite torture. A number of pouches may be thus affected simultaneously or one after another may become involved until nearly the whole of the anus may suffer. The size of the individual pockets varies from that of a small depression hardly capable of holding a split pea up to that of a

cavity large enough to admit the point of the little finger. The disorder occurs only or principally in old subjects, whose lower bowel is habitually distended with fecal matter, and who suffer much from congestion of the ano-rectal tissues."

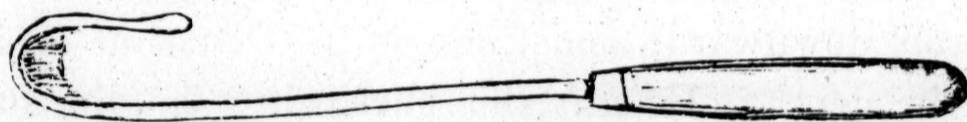
Pratt asserts that rectal pouches are painless, but Gross, as will be noted, ascribes "exquisite torture" as one of their effects. I have observed that very large and deep pockets may exist without provoking any symptoms to attract the attention of the patient to the anus as the locality of disease. I have also known the condition to give rise to considerable local suffering. Gross fails to give the reflex symptoms their due amount of importance, and I think Pratt overestimates them. However, these are often marked and not to be lightly passed over. I have recently cured a case of lameness in a boy of thirteen, who had been in the hands of a noted specialist for three months under treatment for hip disease, by stretching the anal sphincter and removing two rectal pockets.

The opening of a rectal pocket is usually found just below the upper border of the internal sphincter ani, and its direction is invariably downward, sometimes to the extent of an inch and a quarter in depth. Usually the burrowing is quite superficial, though in some cases the bottom of the pocket will be beneath the superficial fascia as well as beneath the integument. I believe that these are a much more common cause of fistula in ano than suppurating hemorrhoids, as is usually supposed. Though the pockets usually open into the anal orifice, sometimes a deep one will be found above the internal sphincter on the posterior wall of the rectum. In this case more caution will need to be observed in its excision than when the cut surface is subjected to the pressure of the sphincters, on account of hemorrhage. I have had two cases of this kind where the hemorrhage was alarming, one in which it nearly proved fatal. I have consequently learned caution with regard to cutting operations on the rectum above the internal sphincter.

The treatment recommended by Pratt is objectionable upon certain grounds. He employs a blunt hook to lift the pocket up and scissors beneath it, removing the pouch and redundant tis-

sues. The objection to this method, as I have found from experience, is that the pockets are often so deep that the point of the hook does not reach the bottom of the pouch, where the most objectionable part is located, and we find upon examination a week or ten days after the operation a hardened, sensitive base about the bottom of the pocket, which has been rendered more irritable by the operation, and if a hook be introduced into the shallow pocket remaining all the tenderness and sensitiveness found there in the start will still exist. If the hook be an inch or more in length, it will be awkward work to cut under it with curved scissors unless the excision consists of a series of nippings with the point of the instrument, which would leave a ragged fissure behind and be rather awkward besides on account of hemorrhage, which follows immediately upon the first traumatism. Too much tissue is also likely to be removed.

In order to overcome these objections I have devised a blunt hook containing inside its bend a little blade, which, when the probe point has been drawn downward, cleaves its way until the



blunt end rests in the bottom of the pocket. The handle is then raised, so that the location of the blunt end may be determined. The tissues over it are nicked with scissors to liberate it and the instrument is drawn out, the blade thus converting a blind fistula into an open wound by cleaving a path through the outer wall. It may be necessary in some cases to trim redundant tissues away with scissors a few weeks after the operation, but the healing process usually disposes of any projecting edges.

Before performing this operation the patient should be prepared by the repeated use of copious enemata of warm soap-water, and during the operation a bivalve fenestrated speculum—Agnew's wire speculum being preferable—should expand the anus so as to expose as much of the internal surface as possible; even then it is best to remove the speculum and reinsert it, to afterwards renew the search in order that no pouches may be covered by the arms of

the instrument and neglected. I sometimes operate by the aid of cocaine but usually with the patient completely anesthetized, for the sphincter should be thoroughly stretched in order to complete the operation, and this maneuver is unendurable by most patients unless under deep anesthesia.

I could report some interesting cases of rectal pockets and some very satisfactory results obtained by their removal, but I will reserve this for another article.

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### THE PERINEUM AND ITS PRESERVATION DURING THE EXPULSION OF THE FETAL HEAD.

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A THESIS BY A. B. MARCONNAY.

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IN most obstetrical works of the beginning of this century, yes, even in as late an edition of Ramsbotham as that of 1865, we find the following passage:—

“For the purpose of supporting the perineum, we sit rather behind the patient and apply the palm of the left hand steadily and firmly against the perineal tumor.”

Peasant women in Russia are said to introduce a sausage into the rectum of the patient for the purpose of affording a support to the perineum in this way.

If none but these two methods were feasible, I, for my part, would rather use the latter one, for by this I would be sure not to cause what I was trying to prevent. The expression, “supporting the perineum,” should be expunged from obstetrical language, for then, as Doleris remarks in his “Nouvelles Archives d’Obstetrique,” perhaps the last remnant of this disastrous method would disappear also. A more mechanical consideration must show us that when the pressure caused by the head meets with a resistance caused by the pressure of the hand, the result must be an abnormal pressure causing a rupture unless there should be an extreme suppleness of the tissues.\*

The English obstetrician, Playfair, introduced a somewhat better method, consisting in drawing toward the posterior com-

missure of the vulva as much as possible of the integument. This he accomplishes by placing the palm of the hand upon the perineum, the radical border encircling the lower half of the vulva, the thumb being placed just inside of the tuber ischii of one side, and the index and middle fingers just inside that of the other. At each uterine contraction the soft tissues are forcibly drawn toward the fourchette by approximating the thumb and fingers. The object is to increase the amount of tissue at the perineum and in that way produce relaxation. While I concede that this method may sometimes be successful in fat women with flabby and elastic skin, as we find especially in multiparæ of Jewish women, we will have to remember that in primiparæ especially it is impracticable as well as useless, since the perineal integument is so tense that any folding of the skin is impossible, even in the intervals between contraction.

Partridge modifies this method and introduces a new feature in it, the retention of the fetal head when pressing down too impetuously. The management of the perineum when the head descends upon it, looks to its gradual distention, and the final passage of the head in as complete a state of flexion as possible, the occiput being disengaged from beneath the pubic arch before the frontal and facial part sweeps the perineum. To maintain the proper position of the head during its expulsion and to support the perineum, introduce two fingers into the rectum and draw the perineum forward. This maneuver, and the pressure of the thumb on the vertex, preventing its too rapid descent, secures complete flexion, while the posterior muscular structures of the perineum are relaxed and brought forward to the strengthening of the anterior and thinner muscular bands. The other hand should at the same time assist in disengaging the occiput from the pubic arch and from the anterior vulvar commissure; and until this is accomplished the hand with the fingers in the rectum should not allow the anterior part of the head to pass the perineum.

In occasional rare cases, Partridge continues, slight lateral incisions may be indicated to avert a deep central tear. This prophylactic incision, or, in more strictly surgical language, epis-

iotomy is bitterly opposed by Doleris, who calls it "jumping into the water to get out of the rain."

Dr. G. A. Rothe, of Altenburg, Germany, in his "*Compendium der Frauen Krankheiten*" (Compendium of Diseases of Women) gives us a new prophylactic, this time one of mechanical nature. He has constructed a blade, similar to the single blade of a Naegele's forceps.

It is about  $1\frac{1}{2}$  inches wide in its upper end and 15 inches long. It is introduced like the blade of the forceps, and brought by gradual movement into the posterior commissure. Very slight pressure upwards without touching the perineum causes the head to glide easily over the well-oiled curvature. It is small enough not to be in the way even when used with the forceps in instrumental delivery, in which case it is given to the nurse. Good results are reported by various German obstetricians.

But far more important and effectual are those methods which are applied to the fetal head, the principal one of which consists in giving the head time enough to make a passage for itself, and in so directing the movement of the foetus that the maximum of force shall be directed toward the point of greatest resistance, and the weaker parts protected.

To accomplish these purposes, two objects must be kept in view:—

1. To modify the force and rapidity of the expulsive contractions of the womb. The object of this is to prevent rupture of the mucous membrane at the vaginal sphincter. This coincides strangely with the fact that ergot becomes less and less used in obstetrical practice for the purpose of hurrying on the expulsion of the foetus from the uterus, and that instead of this, quinine is given, to give strength and tonicity to the natural contractions.

2. To disengage the fetal head without the aid of the voluntary or involuntary efforts of the parturient woman by artificial means employed in the interval between two of the final expulsive efforts. The object of this is to prevent rupture of the fourchette, that is to say, the muco-cutaneous angle of the perineum.

The first object, the slow and gradual progression of the head, which is equivalent to the slow and gradual distention of the

vulvo-vaginal orifice, is easily accomplished by counter-pressure exerted lightly by the left hand of the accoucheur upon the occipital extremity of the head during an expulsive pain. At the same time the patient should be exhorted not to bear down forcibly, as this is positively injurious, since it renders her more liable to laceration. The pressure itself should not cease until the time arrives for the employment of the second procedure, the rectal expression.

We are indebted for the method of rectal expression, to Olshausen and Ahlfeld, two German obstetricians. It consists in introducing two fingers into the rectum of the patient toward the end of a pain and carrying them up to the mouth or under the chin of the child. By a well-directed pressure downward and forward, the extension of the head may be accomplished so that it will escape from under the pubic arch.

This maneuver is very easy of accomplishment, as the anus is widely dilated and is free from fecal matter. Care must be taken, as both Doleris and Scanzoni, in his "*Maladie degli Organe Sexuale*" (Diseases of the Sexual Organs) remark, that the extension should be slowly accomplished; otherwise an injury to the fourchette or the lateral walls of the vagina may result.

The time to use this maneuver is given by Doleris after a careful study of the subject in primiparæ, as that when the posterior angle of the anterior fontanelle is plainly visible at the commissure. At that moment the largest circumference of the head is engaged or about to be engaged; it may even have passed the point of resistance; this depends upon the conformation of the head.

The most frequent laceration of the perineum is at the fourchette. In nine cases out of ten it commences in the mucous membrane of the vagina and extends thence to the skin. Its axis is generally parallel or slightly oblique to the axis of the vagina, and for the greater part the fourchette will be torn. We can easily understand that even when the sphincter ani is not ruptured, the healing of the wound will be greatly retarded by its becoming irrigated, so to say, by the lochia. The laceration is therefore constantly exposed to the absorption of septic prod-

ucts, and in case of non-union and healing by granulation, the vulva is more or less enlarged, and the supporting power of the perineum lessened.

I conclude then that the best method of protecting the perineum is the following:—

1. Control the passage of the head by pressing it back—not in a hap-hazard way, but at each new uterine contraction.

2. When the largest circumference of the head is engaged and when a half of the anterior fontanelle has emerged, execute the maneuver of rectal expression.

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AN ABSURD INFERENCE.—The following piece of sublime misinformation has been perpetrated by a homeopathic physician of Montreal as a *bona fide* report of a case: “Called to see Miss U., suffering from usual periodic headache; gave *lach.* 75 m. (Fincke), and then dissolved a few No. 8 pellets of *pure sacch. album* in half a glass of water, *churning it well* with a spoon (potentizing it I fear); dose, a teaspoonful every half hour till better. Soon after taking the *sacch. alb.*, she became ‘deadly sick and faint; thought she would *die*; *she was so weak*, could not lift her head; *felt as if she would sink bodily right through the bed.*’ Each dose made her so much worse that she stopped it, and was able to come downstairs. This is the first time I had such a symptom from *sacch. alb.*, but still it was too marked to pass without making a note for verification, either clinically or pathogenetically. I know I had pure sugar pellets and fresh water.” We can’t help wondering whether the Examining Board of the Province of Quebec have applied their final tests to this gentleman, and if so, how he stood; also, whether he could pass the civil service examination here.—*Medical Press.*

## SELECTIONS.

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### ABDOMINAL SURGERY AND HOW TO LEARN IT.

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(Continued.)

A dog whose stomach I had filled with fragments of broken brick, for the purpose of testing the feasibility of removing foreign bodies from the stomach or intestines, like the famous "fork case" which occurred in France some years ago (*vide Le Progres Medical*, 1875) was the subject of investigation. The pieces of brick were forced into the stomach *per vias naturales*.

The abdomen was opened in the median line, and an incision about two inches in length made in the anterior wall of the stomach, parallel with its long diameter. Large numbers of the terminal branches of the gastric arteries were divided, and bled copiously, so that each one required twisting to check the hemorrhage. Through this wound the fragments of brick were removed, and the wound closed by sutures of the kind last described. No difficulty of a particular character followed, the animal making an uninterrupted recovery.

#### INTUSSUSCEPTION.

For the purpose of ascertaining what might be done to unite the bowels, in case of intussusception, valvulus, or any condition which destroys a large portion of the intestine, I made a section of the abdomen of a medium-sized dog. Taking the intestine between the thumb and finger of my left hand, with the scalpel handle I pushed that portion of the intestine above my fingers downward between my fingers in such a way as to invaginate it in the part below. I was surprised at the difficulty of carrying out the procedure. After repeated trials, I found it impossible to produce an obstruction of the bowel by the telescoping process which would not straighten itself out immediately the telescoping pressure was removed. However, I found that I could invaginate four or five inches of the bowel, and the reason why a greater extent of bowel could not be invaginated was that the mesentery rolled up in an accumulated mass, too large to enter the intestine at the point of invagination.

## ENTERECTOMY.

I excised with the scissors, by direct incisions, five inches of bowel, and noted the following conditions: First, a serious hemorrhage from the mesentery, which required eight ligatures to control the bleeding arteries. Second, I found, on approximating the cut ends of the bowel, that the mesentery, as I had stripped it from the bowel, accumulated in such a way as to prevent the easy approximation of the cut surfaces by suture.

## EXCISION OF THE MESENTERY.

So large an extent of mesentery rolled up between the cut ends of the bowel after I had joined them with interrupted sutures, beginning with the mesentery on one side, and running around the surface of the bowel, at a distance of one-fourth of an inch, that I was obliged to excise a V-shaped portion of mesentery, carrying the incision down from the margin of that organ to its point of attachment to the spine. In making this section of mesentery but three arteries required ligature, while by the other method, it will be observed, I had to tie eight.

The cut surfaces of the mesentery were approximated and fastened by two sutures. This operation was followed by recovery, and a subsequent post-mortem examination showed a considerable contraction of lumen of the bowel at the point where the cut surfaces were united. The mesentery contained two knots, which on section were found to contain the sutures with which the V-shaped section of mesentery had been closed.

When a complete section of bowels is removed, measuring more than two and one-half inches in length, it is best to carry the incisions down in a V-shaped direction to the root of the mesentery, and then fasten the cut surfaces of the mesentery as before described. The removal of the intervening excess of mesentery greatly facilitates a perfect coaptation of the cut ends of the bowel. We cannot feel safe in regard to any such union of the bowel until we know that the two peritoneal surfaces are in contact in every part of the circumference of the bowel. The smallest opening or protrusion of the mucous membrane makes an intestinal opening through which the intestinal contents,

liquid, solid, or gaseous, may escape, to set up a fatal peritonitis. A great deal of practice is necessary to enable one to join the cut ends of the bowel by sutures in such a way as to give them the best possible chance of healing together.

#### COLOTOMY.

This operation is made necessary by obstruction in some part of the large intestines, which prevents the normal evacuation of the bowel. Cancer is most frequently the cause of that obstruction. In cases of cancer affecting the rectum, or the sigmoid flexure, the colon is most easily reached by an incision made about midway between the crest of the ilium, and the termination of the last rib, parallel to the anterior border of the quadratus lumborum muscle. An incision carried through the abdominal wall at this point strikes the colon, and when that intestine has been incised and its contents evacuated, the margins of the intestinal wound should be carefully sutured to the margins of the abdominal wound. This procedure constitutes a colotomy.

There are two methods of doing this work in man; one is to make two operations of the procedure: 1. Make the incision through the abdominal wall, exposing the intestine, then carefully suture the peritoneal coat of the intestine to the peritoneal margin of the abdominal wound, so as to get a blending of the two peritoneal surfaces, to prevent the entrance of foreign matter into the abdominal cavity. 2. When these two surfaces have blended, divide the intestinal walls, and penetrate the cavity of the gut, making an artificial anus. To carry out this work properly, by either of these methods, much depends upon the handling of the sutures, and no one should undertake the operation who has not first tried it repeatedly upon dogs and rabbits.

To make colotomy upon the dog, the same relative anatomical locality is selected. First find the crest of the ilium, then seek out the anterior part of the quadratus lumborum muscle, and cut through the abdominal wall until the peritoneal cavity is reached. The colon will be found in the bottom of the wound, and can be easily drawn into it. Now thread the needle and carefully suture the peritoneum to the side of the wound, putting

the sutures at a distance of about one-fourth of an inch apart, and carrying them through skin, muscle, peritoneum, and peritoneal coat of the intestine. Cut all the sutures short, dress the wound according to the custom of the day, and wait four days until the blending of the peritoneal surfaces has become complete. Then make an incision through that part of the colon which protrudes through the wound, and the cavity of the gut is reached and the colotomy is complete. This description will suffice for dogs, rabbits, or cats.

Some surgeons speak, from a theoretical standpoint, of selecting for a colotomy that particular part of the colon which is found adherent to the peritoneum of the abdominal wall, and making the incision into the colon through that point, thus avoiding any wound of the peritoneum. On lower animals, at least, this measure is quite impossible, and in man, with the modern methods of operating, the danger of peritoneal wounds resulting fatally is so small that operators need not attempt these theoretical or impracticable measures.

I question whether it is possible to make a colotomy in any part of the colon, under its natural conditions, without opening the peritoneal cavity. I certainly should not attempt it, and should feel perfectly safe to leave my patient to the chances of recovery, in accordance with the methods I have described.

#### EXCISION OF THE PYLORUS AND STOMACH.

Within recent years aggressive surgeons have decided that the pyloric portion of the stomach may be excised when invaded by stricture or malignant disease. It is not the purpose of this article to discuss the merits of such procedures, nor the causes which would make them warrantable. But the tyro in surgery should familiarize himself with the steps necessary in the performance of this operation. For this reason I have taken a large dog, made an incision beginning about an inch below the ensiform cartilage and carried it downwards to the umbilicus. Through this opening the stomach is easily reached, and if it is not too full of the last meal, it may be withdrawn through the wound. Now to excise the pylorus, draw it through the wound and carefully isolate that portion of the *prima via*. Then with the scis-

sors resect an inch in the long diameter, including the pylorus and a portion of the ascending part of the duodenum. The hemorrhage is profuse, and many arteries will require ligature. Now proceed to draw the gastric wound from the abdominal cavity, and measure its length, when the two mucous surfaces are in apposition. Also measure the length of the wound in the duodenum.

If the wound of the stomach has proceeded any considerable distance from the pylorus toward the cardiac end, the stomach wound will be found a great deal longer than the wound in the duodenum, and in bringing the parts together it will be necessary to close up the gastric wound, until it is no longer than the wound in the duodenum. To do this pass the sutures by simply carrying the needle through the peritoneal coat of the stomach, introducing it about a quarter of an inch back from the margin of the wound, and bringing it out from the peritoneum near the margin of the wound. Then reaching across the cut end of the stomach, pass the sutures in the same way upon the opposite side, introducing this suture a little less than a quarter of an inch from the margin of the wound. Increase the number of the sutures until the wound in the stomach equals in length the wound in the duodenum. Now begin a separate system of sutures, and in this follow the same plan of introducing the suture, so far as the wound in the stomach is concerned, but instead of reaching across to the opposite side of the stomach wound, introduce the suture in a similar way in the wound of the duodenum. Introduce these sutures at intervals of at least one-quarter of an inch, until the circumference of the duodenum is included. Now when the tying process begins, if the sutures have been introduced as I have here advised, the cut surfaces will protrude into the cavity of the stomach, and the peritoneal surfaces will be in perfect apposition. There will be no puckering or pouting in any part of the wound whatever.

#### EXCISION OF PYLORUS.

Imagine with another dog that you have a localized carcinoma of the cardiac end of the stomach. Make an incision in the median line, beginning near the end of the ensiform cartilage,

and carry it down to the umbilicus. Introduce two fingers of the right hand into this wound, and pass them downwards into the left hypochondriac region. Catch the cardiac end of the stomach and draw it through the wound. The spleen will be found quite easily in this procedure, and the freedom with which it moves about in the left side of the peritoneal cavity noted. After the cardiac end of the stomach has been drawn nearly through the wound, proceed with the scissors to excise all that your fancy may mark as the seat of disease. In doing this grasp the edges of the wound in the stomach, with forceps and fingers, in such a way as to hold them upwards, so that gastric juice, or food which may be contained in the stomach, may not escape into the cavity of the abdomen, to cause a fatal peritonitis.

Suppose your resection extends so as to include the pylorus with the whole of the pyloric end of the stomach. The only limit to such an extensive excision will be your ability to ligate with sufficient rapidity the many spouting blood-vessels, and to bring the cut ends of stomach and intestines together. Now all hemorrhage being controlled by means of ligature, torsion, or the actual cautery, begin with the suture of Lembert and carefully close the wound. The stomach, after the sutures have been tied, will be found to have lost nearly one-half its volume, yet there will be sufficient tissue to establish a perfect continuity between the œsophagus and the duodenum, and the animal's chances for recovery be very good. The hemorrhage which occurs from the operation is so great that the utmost pains must be taken to remove every particle from the peritoneal cavity, else clots from the wounded omentum will set up a fatal peritonitis.

Before ever attempting this operation upon man, practice it at least five times upon dogs. The similarity existing between the stomach of dog and man, so far as the mere anatomy is concerned, is so great that when one has accustomed himself to the manipulation necessary for carrying out excisions of a considerable portion of the stomach or pylorus upon dogs, and had them recover from this operation, he need have no fear in performing the same operation upon man. So far as the technique

of gastrotomy is concerned, it is limited almost to manipulation for the control of bleeding arteries, and the introduction of sutures in closing the wounds.

Very little skill will be required in doing the cutting. But in making the different parts fit accurately, the one into the other, after the part supposed to be diseased has been removed, good judgment, a trained and practiced eye, and no little deftness of touch and manipulation are necessary.

#### DIGITAL DILATATION OF THE PYLORUS.

Digital dilatation of the pylorus may be practiced upon dogs. All that is necessary to acquire the manual part of this operation is to reach the pylorus through a wound in the abdomen and stomach of a dog, then gently pushing the finger through the pyloric constriction, estimate the resistance of the tissues so that dilatation without rupture through the pylorus may be obtained.

#### SPLEENOTOMY AND SPLEENECTOMY.

The surgical operations just described in the consideration of excision of the stomach and intestine present the feasibility and practicability of cutting into, or cutting out, the spleen. This organ has in several cases been removed from man with benefit to the general health. In studying the operation of splenotomy, or splenectomy, we must have in mind the relations of the spleen to the vascular system of the abdominal cavity. It receives a large splenic artery, and from its hilum emerges numerous large veins which gather into large trunks and become part of the system. In man these same relative anatomical relations exist.

To reach the spleen, the incision may be made in the median line below the spleen, or parallel with the border of the ribs. In most cases for which an operation upon the spleen may be performed, the work can be done through an incision in the median line of the abdomen. If the intention is simple to cut into the spleen, and remove a tumor or a foreign body, we only, when practicing upon dogs, make an incision in the abdominal wall, precisely as though we intended to resect a portion of the cardiac end of the stomach. Through this wound the spleen

may be drawn, without fear of serious damage to any of its important vessels. An incision may be made freely into it. The result may be a copious hemorrhage, which, however, yields most readily to the liberal application of hot water. The greater the hemorrhage, the hotter the water should be, because no other means known to me will so completely arrest a serious hemorrhage from the spleen tissue.

I have tried transfixing the margins of these wounds with sutures, and tying them, in the hope of checking the hemorrhage from a simple incision in the spleen substance, but so great is the friability of the spleen that sutures or ligatures pass through its substance, leaving fresh wounds. The steady, persistent use of hot water applied by douche, direct to the wounded surfaces, in the majority of instances works admirably. I have tried also to control this hemorrhage by curetting the wounds with a blunt instrument, but without avail. I have tried rasping the wounded surfaces with a harsh tooth-brush, thinking in that way to tease out the wounded ends of the small vessels. The spleen is an organ largely supplied with peculiar contractile tissue, and upon this water of a high temperature acts in such a way as to close the mouths of the bleeding vessels. The details of these experiments will be found very interesting and instructive when carried out on dogs.

For complete removal of the spleen we need only draw the organ a little more through the abdominal wound, and then by means of a round needle with a strong ligature, transfix the splenic omentum as it emerges from the hilum. Cut off the needle, and tie the ligatures upon either sides of the parts penetrated by the needle, including all of the vascular structure entering the spleen. In the dog this is one of the simplest surgical procedures that can be made in the abdominal cavity, and is almost always followed by the recovery of the animal. But when the spleen is diseased, when it has been very greatly enlarged by cystic degeneration, or by general hypertrophy, the various vessels which enter and leave the organ may be so enormously enlarged that, to prevent a fatal hemorrhage through the operation of removal, it will be necessary to pass the ligatures

with greater care, exercising the utmost caution that the needle with its thread does not wound or weaken any vessel along which it may pass, and that in tying the ligatures no tension may be brought upon the long diameter of any of the included vessels in such a way as to tear or break their continuity.

The inclusion of a large number of vessels in one ligature will be dangerous, from the fact that they ramify to the remotest portions of the hilum, and a great deal of tension would thus be brought upon the long diameter of some of the vessels, and their walls being friable, would easily break down, permitting a hemorrhage into the abdominal cavity, perhaps after the abdomen had been closed.—*Hal C. Wyman, M. D., in Medical Age.*

(*To be continued.*)

### DIPHTHERIA, AND A REMEDY FOR IT.

MEDICAL literature is burdened with promising remedies for diphtheria; our hopes are encouraged time after time, just to be struck down again. In mild cases almost any remedial agent will do some good, or seem to, and patients will recover; but in malignant types of the formidable malady our best-laid plans "*gang aft alee*." Schools in medicines have vied with each other in bold attempts to outdo each other; yet when the battle is over, and the field is surveyed for evidence of victory, it is the same old story. "A drawn contest," "honors are easy," are the verdicts of unprejudiced juries; or, "such is about the size of it."

During last winter or spring, I had an extended experience with the graver forms of diphtheria; had at length got so I was not afraid to be called to treat a new victim, though the cry of mourning went up from many a household. I obtained a formula from "Faderland," which I utilized to advantage, and will here give the receipt to the readers of the journal, as I received it:—

R    Merck's volatile extract of pine needles.  
      Merck's resorcin, aa ʒ ij.  
      Fluid ext. pinus canadensis, ʒ j.  
      Glycerine, ʒss.  
      Aqua (hot), q s. or ʒiij.

M. Sig.—Use in the nose and throat with an inhaler or atomizer several times a day.

R Merck's resorcin,  $\mathfrak{z}$  j. *sen* ss.  
Fluid ext. pinus canadensis,  $\mathfrak{z}$  ij.  
Glycerine,  $\mathfrak{z}$  ij.  
Aqua (hot), f  $\mathfrak{z}$  iv.

M. Sig. Dose, half to a drachm every two or three hours.

Should the throat be very bad, a preparation twice as strong as that advised for the atomizer is to be used with a probang, and repeated three times a day. I have observed the action of the remedy in fourteen cases. One was in my own family, a boy of seven years; the results were all that could be desired. There were three cases in another family. In each the exudations were fetid, and extended down the pharynx and into the larynx, with paralysis of the vocal cords. The respiratory efforts were distressing. At length the youngest child died in spite of all effort. I had called a homeopath in consultation, and I had rendered a similar service for him. As yet I had received none of the "specific," but began with it as soon as an opportunity presented. Soon I put in practice the mixtures indicated; and although there were vile discharges from the nose, diphtheritic exudations in both pharynx and larynx, and also in posterior nares, the remedies worked like magic. I lost no more cases.

I should say that the pine needles have been adulterated in this country, therefore I can warrant only the German.—*E. R. Waterhouse, M. D., in Eclectic Medical Journal.*

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## THE JUGULATION OF TYPHOID FEVER BY MEANS OF QUININE AND TEPID BATHS.

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ALTHOUGH typhoid fever usually subsides spontaneously, it only does so, in the majority of cases, very slowly and after a long morbid *processus*. Too frequently the gravest symptoms arise, such as profound exhaustion, debility, coma, delirium, and the series of thoracic, cerebral, or abdominal accidents. Apart from those cases which remain benign from the commencement, and those ephemeral cases which hardly last a week, we may always count upon a duration of at least three weeks for typhoid fever. What physician has not met with cases lasting beyond forty days?

For twenty years (see *Montpelier Méd.*, Sept. 3, 1886; *Comptes Rendus*, March 5, 1869), I have sought an antizymic treatment for typhoid—one which would attack directly the immediate cause of the disease, the morbid ferment—and I succeeded more than four years ago, after long researches and many trials, in finding this means. I will be careful not to say that it is infallible, but thus far it has proved to be so. During the four years, in fact, that I have employed this method I have not had a single death. More than this, the average duration of my cases of typhoid has been fourteen to sixteen days. In a very small number of cases only has it exceeded three weeks, and my treatment has prevented in a very nearly absolute manner the duration of all of the grave symptoms of the disease. In short, I do not cure the malady by allowing it to follow its ordinary course of evolution, I subdue it—abbreviate it—jugulate it.

My method consists in the daily administration of sulphate of quinine from the first symptoms of the disease, and the giving, no matter how slightly elevated the temperature may be, of tepid baths at  $33^{\circ}$  C ( $91.4^{\circ}$  F). I will not reproduce here my series of fifty cases treated in this way without a single failure, but, during the recent epidemic of typhoid at Montpelier, I had eleven cases of the disease, and in these the success of my treatment was so energetically pronounced that I desire once more to call the attention of my *confrères* to a method of practice which I regard as having the highest importance.

CASE I. Boy of 10. Grave typhoid with intense and sudden onset. On second day temp.  $40^{\circ}$  ( $104^{\circ}$  F), pulse 120. Two baths of 15 minutes each at  $33^{\circ}$ ; on following day 60 centigm. quinine with 10 centigm. pulv. digitalis fol. div. in two cachets. Same treatment for one week, with three baths daily. Then abdominal symptoms improved. Cerebral symptoms increased until tenth day and then disappeared. From fifteenth day constant improvement. Digitalis stopped on the sixteenth and quinine on the eighteenth, when convalescence commenced.

I considered that this case would have become very menacing had not the jugulative treatment been instituted early and energetically. The temperature rose rapidly, and the initial frequency of

pulse, intense enteritis, incessant diarrhea, delirium, and general pulmonary congestion, made the case a grave one; yet it was under control in twelve days.

CASE II. A girl of 13, pulse 120, temp. 40.7. Three lukewarm baths of 15 to 20 minutes each during the day, and 60 centigm. quinine in two doses, two hours apart; next day 75 centigm. in three doses, and three warm baths. Sixth day, amendment, same prescriptions; ninth day, pulse 100, temp. 39; severe pulmonary symptoms; quinine with digital. and one gm. Bonjean's ergotine. Thirteenth day, temp. 38° in the morning, 38.8° at night. Defervescence complete at fifteenth day.

Here the intensity of fever and acuteness of symptoms indicated a grave case. The treatment was followed with prompt results.

CASE III. Boy of 14, emaciated, anemic, lymphatic. Pulse 96, temp. 41, initial epistaxis, nocturnal anxiety, intense cephalalgia, etc. Three baths, 75 centigm. of quinine, and 15 centigm. pulv. digitalis fol. in three doses, daily for several days. Seventh day temp. 39.8; pulse 100; agitation, coma and delirium only slightly lessened. Thirteenth day temp. normal, pulse 87; child ate meat on fifteenth day, and relapse followed; seventeenth day, 50 centigm. quinine in two doses, and two baths daily for four days; defervescence complete on twenty-first day.

CASE IV. Man of 23; not vigorous. I called at third day; temp. 40.2°, pulse 112; severe symptoms; one gm. quinine in three doses, two hours apart, to commence *illico*. Repeat the next morning at 5, 7, and 9 o'clock. No conveniences for bathing. Fourth day, delirium, fever, agitation; three daily baths ordered; sixth day, intense fever, diarrhea, coma, nocturnal agitation; eighth day, temp. 39.5, pulse 102, no delirium, thoracic symptoms slightly marked; from thirteenth to sixteenth, complete defervescence, pulse normal; quinine stopped; convalescence short.

This fever, whose *début* was very intense, was gradually and so to speak, mathematically controlled.

CASE V. Woman, 24, good general health; had typhoid fever three years ago. Temp. at commencement of this attack 39.5, pulse 115, cough; all symptoms increased rapidly. Third day, one gm. quinine in three doses, at 5, 7, and 9 A. M.; fourth

day, three tepid baths; same dose quinine at night; fifth day quinine 1.20 gm. with 20 centigm. pulv. digital. fol.; tenth day, defervescence commenced. Temp. mg. 39.1°, night 39.5°, pulse 100; twelfth day, baths suspended; thirteenth day, sedation complete, cough disappeared suddenly, auscultation negative; fifteenth and eighteenth days temp. 37° in the morning, 38° at night. Alimentation carefully increased; patient went to ride on twenty-third day.

The jugulation of the fever is clearly evident in the above case.

In case VI, defervescence complete on seventeenth day; over-alimentation caused relapse; twelve days renewed treatment effected permanent cure. Case VII showed a very marked amelioration on tenth day; ate meat on twenty-third day. The phenomena—very grave at the start—were rapidly influenced. Case VIII convalesced very rapidly after the fourteenth day. In case IX defervescence commenced on tenth day, and was complete on twelfth. Case X apyrexia completed and convalescence commenced on tenth day. In case XI fever commenced with temp. 40.2°, pulse 120; convalescence on the eighth day.—*Dr. G. Pecholier, in Bull. Gén de Thérap., April 30, 1887.*

### COLCHICUM IN RHEUMATISM.

DR. E. S. F. ARNOLD writes in the *College and Clinical Record*: "When the late Dr. Robert Nelson, for many years the Mott of Canada, went to California, I succeeded him in his office in New York. During his absence constant inquiries were made of me for his remedy for rheumatism. On his return I asked him what this wonderful remedy was. He smiled, then simply answered, "Colchicum." Seeing that I was incredulous, he then told me that he had once at the Hotel Dieu, in Montreal, experimented with colchicum, trying all the officinal preparations, sometimes with benefit, but in the main finding all unreliable and often totally worthless. He ultimately tried a strong alcoholic tincture prepared from fresh seed. He found that the shell of the seed contained a volatile oil, that when water was added to the tincture it became opalescent, like

tincture of myrrh, and by its use he obtained extraordinary effects. He prepared it by adding to one ounce of the seed half a pint of highest-proof alcohol. After standing a fortnight and shaking once or twice daily it was fit for use. Add five drachms of this tincture to half a pint of water, or, rather, enough to make a half-pint, and of this the full dose is half an ounce. 'Now,' said he, 'if you have a case of acute or subacute rheumatism, give this every four hours, night and day, avoiding acids and giving a light diet until the toxic effects of the colchicum are induced, viz., nausea or even vomiting, with active purging, which occurs generally by the time the sixteen doses are taken, and the rheumatism will disappear like a flash. Up to this period there will be apparently no relief.' He cautioned, if I would secure the beneficial effects, always to prepare it myself.

"In cases of acute and subacute rheumatism I have never found its equal; also in rheumatic gout. In simple local or chronic rheumatism, I do not expect anything from it. When I was first appointed Physician to the Sisters of Charity at Mt. St. Vincent, on the Hudson, I was shortly afterward called upon to attend the chaplain, a Canadian, between fifty-five and sixty years of age. I found him in a high fever and racked with pain from head to foot. 'Ah,' he said, 'my dear Doctor, I am in for a long siege of it. I have had a similar attack of rheumatism once before, and did not leave my bed for three months.' I told him I thought we could do better than that. In a few days he was entirely free from pain, and in a little over a week I found him strolling in the garden in a drizzle, without experiencing any ill effects.

"Another case was that of the English foreman in a silk-dying establishment. This was built against a dam. Water poured from the wall; at the same time the atmosphere was so full of hot vapor from the vats that a person unaccustomed to it could scarcely see through it. It was a bad place for a rheumatic person. I found the man had rheumatic fever, as he called it, affecting every limb. He told me he once had a similar attack in England and was laid up for six weeks, suffering horribly. He was at his work in less than a fortnight, and was never again,

during the many years I stayed in Yonkers, attacked. I have mentioned this remedy to many, more recently to my friend, Dr. Gouley. He says he has found it most valuable, and that he will never be without it."

### MEAT FOR CHILDREN.

A WRITER in the *Boston Medical and Surgical Journal* says: "Meat is usually given to children as a matter of routine as soon as they are able to eat it without indigestion, and the question whether it is a food suited to childhood has received no very careful consideration. Yet it seems to be generally recognized that meat has peculiar effects on the organism as compared with other kinds of food. The fact that meat has a well-established position in the diet of adults is not alone a convincing argument in favor of giving it to children, since there are other articles, such as tea and coffee, which are generally believed to be good for adults and yet almost as generally believed to be bad for children.

"Dr. Clouston, of Edinburgh, says: 'My experience is that children who have the most neurotic temperaments and diatheses, and who show the greatest tendency to instability of brain, are, as a rule, flesh-eaters, having a craving for animal food too often and in too great quantities. I have found, also, a large proportion of the adolescent insane had been flesh-eaters, consuming and having a craving for much animal food. My experience, too, is that it is in such boys that the habit of masturbation is most apt to be acquired, and when acquired, seems to produce such a fascination and a craving that it ruins the bodily and mental powers. I have seen a change of diet to milk, fish and farinaceous food produce a marked improvement in regard to the nervous irritability of such children. And in regard to such children I most thoroughly agree with Dr. Keith, who in Edinburgh for many years has preached an anti-flesh crusade in the bringing up of all children up to eight or ten years of age. I believe that by a proper diet and regimen, more than in any other way, we can fight against and counteract inherited neurotic tendencies in chil-

dren, and tide them safely over the periods of puberty and adolescence.'

"My experience has not been drawn from any extended observation of such cases as Dr. Clouston describes, yet I can fully believe that his statement is a fair one. I have become convinced that children fed largely on meat have a capricious appetite, suffer from indigestion, constipation, and also from diarrhea; are subject to catarrhs of the mucous membranes, and have an unstable nervous system, and less resistive power in general."

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### VEGETABLE PEPSIN.

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SOME few years since the attention of leading French physiologists was called to the fact that the juice of the *carica papaya*, or melon-tree, had long been used in Java to make the meat tender. It was found that all parts of the tree, which is also found in South America, contain the vegetable ferment in different proportions, and the juice is extracted from the tree, the leaves and the fruit, most freely from the fruit, but as this cannot always be obtained the leaves are generally used in obtaining the active principle, to which has been given the name of *papayotin*. A distinguished German chemist and physiologist says in giving the results of his investigations:—

"I have found that papayotin has the same general physiological action as pepsin. However, of its own volition, it does more than pepsin, in that it continues its action in the intestines, acting there in the presence of either acid or alkali, and converting into albuminoids five times as much albumen as the best pepsin. Added to this, it has certain distinctive qualities:—

"1. It stimulates the peptic glands, increasing the flow of gastric juice.

"2. It commits no harm on the tissues with which it comes in contact.

"3. It has a pronounced antiseptic action, fermentation and decomposition being impossible in its presence.

"4. It has a local action on the unhealthy mucus especially present in gastric catarrh.

"5. It is anodyne in a degree, relieving intestinal pain.

"6. It has been known to dissolve a thousand times its weight of fresh fibrin, and protracted washings will not remove this faculty.

"7. It is readily tolerated by the stomach."

Professor Finkler, after a careful comparison of pepsin with papayotin, says that the latter shows a more energetic peptonizing power than pepsin, and especially when the proportion of the liquid to the albumen is small.

"Inasmuch as some of the best commercial pepsin will not peptonize more than twenty per cent of the albumen of the meat, it is patent that papayotin claims superiority as always of one and the same quality.

"Inasmuch as pepsin, to achieve its best results, must act only in the presence of a certain amount of liquid, and as it is virtually impossible to create such certain amount, it follows that as papayotin does not demand any such certain fixation for favorable action, it is of necessity substitutive.

"In point of reaction pepsin acts in the stomach (where the reaction is acid), but not in the duodenum (where the reaction is alkaline or neutral), and not in the stomach when from disease the same reaction obtains, or when it is highly acid. But where pepsin is of little or no value, papayotin acts without retardation. This action is notable when the contents of the stomach have been rendered artificially neutral or alkaline by the administration of remedies which by their action have combatted that of pepsin."

On account of the great digestive properties of the drug it has been recommended and used with a certain amount of success in diphtheria and membranous croup, the membranes being softened and dissolved so that they are easily expectorated. In these cases the papayotin is mixed with one part of water and four of glycerine and applied freely with a brush. As its action is not immediate it cannot be relied upon when asphyxia is present, and in many other cases the disease in its progress outstrips the action of the drug; but there is no doubt from the experiments made that in certain conditions in connection with active treatment the

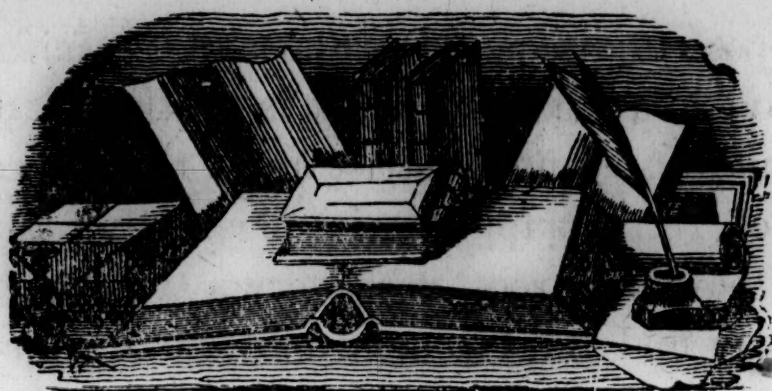
drug may prove very valuable. The papayotin has also been used with good results in fibrous growths in the ear and nose. Administered internally the drug would be likely to prove beneficial in two-grain doses at meals, as a preventative to fermentation, and by increasing the strength of the gastric and pancreatic secretions, aid in preparing the food for assimilation, relieving gastric and intestinal pains, the result of what is called dyspepsia. At present the drug is too expensive for general use, the wholesale price being about four cents a grain, and the retail price, of course, nearly twice that amount.—*Medical Times*.

### AN EASY METHOD FOR CONSTRUCTING A GALVANIC BATTERY.

At a recent meeting of the Philadelphia County Society, Dr. G. Betton Massey described a galvanic cell devised by himself for use in a permanent office or cabinet battery. Its chief advantages are the cheapness of the materials used, its freedom from local action and creeping salts, and the long intervals it will run without being touched. It consists of a zinc rod, such as is sold for use in the Leclanche cell, clasped by rubber bands to a carbon rod, and resting in a saturated solution of chloride of ammonium and bichromate of potassium, in simple water. The carbon rod is one of those used in the arc lights, and, like the zincs, is both plentiful and cheap; one carbon rod broken in half will serve for two cells. The containing jar is an ounce quinine bottle, such as is sold by Powers & Weightman. Before attaching the wires to the carbons by winding and twisting, by the pin and hole arrangement, the tops of the carbons must be treated with boiling paraffine to prevent interstitial creeping. The elements are kept about half an inch apart by blocks of soft rubber. The permanence of the cure is greatly improved by greasing the inside of the necks of the bottles and severing each with a piece of thin rubber to prevent evaporation. Sixty cells give a strong and reliable battery. The electro-motive force of each cell is one volt. The total cost of the materials is twelve cents per cell.—*Cincinnati Lancet-Clinic*, May 7, 1887.

## OBSTRUCTION OF THE BOWELS RELIEVED BY GASEOUS ENEMATA.

DR. W. P. COPELAND, of Eufaula, Ala., reports the following case : " A man, aged about forty, sent for one of my *conferes* because of severe pain in the region of the ileo-cæcal valve. On an examination, a tumor the size of a large orange was outlined in the right inguinal region, which was very sensitive and painful on manipulation. The pain was so severe that the attending physician found it necessary to give morphine hypodermically ; he also gave calomel, and, later on in the day, a large dose of castor-oil, followed by enemas of water. During the early part of the succeeding night, as the patient failed to obtain relief, the pain becoming so severe as to be unendurable, I was called in, and administered another hypodermic administration of morphine, and resorted to enemas of various substances without obtaining any reduction of the tumor or movement of the bowels. On the following day, the second one of his sickness, the case looked so hopeless that we thought best to notify the family of the patient's critical condition. They telegraphed to one of the most experienced and skillful physicians in another city, for his earliest possible attendance in consultation. Late in the afternoon it occurred to me to use an enema of carbon dioxide, and, having the apparatus for generating and administering the gas near at hand, I proceeded to do so. When about one-third of the contents of the gas bag had been injected, the patient expressed a desire to go to stool, which he did, with the result of passing about half a teacupful of fecal matter. The enema was repeated, this time being followed by a considerable passage, after which the patient had other actions without further administration, and has since been able to move his bowels as usual. Whatever doubts may occupy the medical mind as to the beneficial results of gaseous enemas, recommended by Dr. Bergeon, there is none as to its efficacy in the above case. Of course, the precautions as laid down in regard to over-distention should be carefully observed, as I have no doubt much harm might accrue from a careless use of the method."—*Sel.*



## EDITORIAL.

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**Collinsonia and Dr. Shoemaker.**—The *Medical Register* publishes an article on *collinsonia canadensis* read by Dr. John V. Shoemaker before the section of therapeutics at the International Medical Congress, which we desire to briefly notice. The article appearing as it does in a journal edited by Dr. Shoemaker himself, and the leading editorial of which in the same issue is entitled, "Honor to Whom Honor Is Due," is something of a commentary on the consistency of men, and especially of the American leaders of the International Medical Congress.

The author asserts in the beginning that *collinsonia* is one of the most valuable of indigenous American medicinal plants. After describing it briefly he asserts that it is highly esteemed in many sections of the country as a domestic remedy, but ignores the fact that it has been in use for years by eclectic physicians for the very purposes for which he commends it in his article. The old editions of "King's Dispensatory" indicate all the uses for the agent that Dr. Shoemaker refers to, yet in his article there is not a word that would lead the reader to suppose any written notice of it had ever before seen the light of day.

The old school of medicine is coming but slowly to a recognition of the selective affinity of drugs, and it is not surprising that the writer in this instance should have found it highly valuable as a topical agent in rectal diseases without making any reference to the marked result to be obtained by its internal administration in similar affections. We believe all the good results claimed by its use in the form of suppositories can be obtained through its internal administration in two or three drop doses of the green plant tincture (not of the root).

But we propose to discount Dr. Shoemaker's fairness and generosity and give him credit for what is justly his due. He has used collinsonia in spasmodic stricture of the internal sphincter in the form of rectal suppositories containing thirty or forty grains of the powdered root, with very satisfactory results, and possibly we may find its use more efficacious in such cases in this form than in its internal administration. Dr Shoemaker found that the severe headaches and other reflex symptoms subsided in a few days after beginning the use of these suppositories, and did not return. The suppositories were used at night, one to be inserted on going to bed. Abdominal neuroses, pharyngitis and laryngitis, and other conditions where our author recommends it, have long been treated by our readers with collinsonia with good, fair, and doubtful success, therefore we refrain from dwelling on his reference to its use in these states.

Eclectic remedies should have been presented to the International by eclectic physicians, who have had much more experience with them than one who can know them only as domestic agents. Could this have been done there is little doubt that the foreign element of the Congress which is not tinctured with the spirit that gives "Honor to whom honor is due" to its own clique only, would have been not only edified but much better satisfied that the medical profession of the United States had been fairly represented. However, the loss is not to us who can afford to be absent.

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#### **Eclectics in the International Medical Congress.—**

There is no question, notwithstanding the fact that the International was manipulated by the American Medical Association, that eclectics were admitted as such to the sessions of the Congress. Dr. Potter, of Johnstown, Pa., states explicitly in a letter written to the *Tribune* in refutation of the charges made by the Cambria Medical Society, that he misrepresented facts in order to obtain admission, that he represented himself correctly in every respect and was duly admitted on his credentials.

In his own words: "I informed the committee on registration that I held the degree of Doctor of Medicine from the *Eclectic*

*Medical Institute* of Cincinnati, granted in 1880, and I presented my credentials as a delegate from our Central Medical Society, and was duly registered and constituted a member of the Medical Congress, and hold a certificate signed by the proper official of that organization setting forth that I possess the requisite qualifications of membership. A delegate having credentials from the National Eclectic Medical Association presented them to the registration committee and was duly admitted. Not only was there no effort made to obtain admission in a clandestine manner but precaution was taken to place in the hands of the registration committee proper credentials, in order that they might see for themselves the right of the applicant to register."

This is simply justice. The Congress was endowed by an appropriation from the public treasury, which belongs to no clique or faction but to the whole country, and, furthermore, it was supposed by foreigners to represent the entire profession of the country.

European physicians are evidently disposed kindly toward new-school American physicians, from whom they recognize valuable contributions to therapeutics. If there is an eclectic of ability who desires to signalize himself, let him prepare a paper upon some of our most valuable indigenous remedies and present it at the tenth International Medical Congress at Berlin in 1890.

If such steps are not taken, our regular friends will soon be presenting papers on our old and long-tried agents, representing them to be new except so far as domestic uses are concerned. We believe the motto, "Honor to whom honor is due," should apply to eclectics as well as to any other class of men.

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**The People and the Profession.**—The people of this country, as a rule, are believers in freedom of thought and action—too much so perhaps in some instances—but they evidently will never permit the dominant school of medicine to suppress others in any portion of the country. If the people would demand a thorough education of every physician, and the suppression of bombastic newspaper advertising, it would be sufficient medical legislation for the occasion.

A case of attempted persecution under the medical law of Alabama, which State has passed an act placing the examining power

in the hands of the allopaths, has recently been attempted in Calhoun County, as we learn from the *Georgia Eclectic Medical Journal*. Dr. F. A. Morton, a graduate of the Eclectic Medical College at Atlanta, was arrested by the Board of said county for practicing without a license. The accused called for a jury, and the jury failing to find a bill against him, the case was thrown out of court.

**Oxygen Enemata.**—Dr. J. H. Kellogg (*Therapeutic Gazette*) has been giving rectal injections of oxygen gas a trial therapeutically as well as experimenting with it by witnessing its effects by vivisection upon the animal portal circulation, with the result of affording some points worthy of notice and record.

The idea occurred while using the Bergeon treatment that oxygen introduced in the same manner might aid in the conversion of urea into uric acid in the portal circulation; and having a patient with uremic symptoms, viz., muddy skin, dingy sclerotics, coated tongue, brassy taste in the mouth, and persistent and distressing headache, and analysis disclosing an excessive amount of uric acid in the urine, the administration of two liters of oxygen gas was made per rectum and repeated every day for three days, when the excess of uric acid was found to have disappeared from the urine. It was found necessary, however, to continue the treatment, for upon its suspension the uric acid again appeared in the urine. Upon continuation of the treatment the coating disappeared from the tongue, the skin and sclerotics became normal in appearance, and the brassy taste and headache disappeared soon after the treatment was begun. No pain or unpleasantness was experienced during the operation of injecting the gas.

Stimulated by such favorable results, our writer made an experiment on a guinea pig to determine whether the good effects could have been from the direct passage of oxygen into the portal capillaries. The animal was chloroformed, an incision made in its abdomen, and the intestines drawn out and spread so that the dark portal veins were well exposed. He found that when a quantity of oxygen gas was introduced into the rectum under

these circumstances the dark venous blood immediately assumed a bright red hue. To confirm the experiment the gas was allowed to escape, when the dark color was again found in the veins, and again, upon the injection of the gas, the bright hue became apparent.

These experiments are suggestive and may lead to results more fruitful than the treatment inaugurated by Bergeon, which has been termed a "fizzle."

Dr. Kellogg has employed oxygen since this experiment in the treatment of a case of phthisis with satisfactory results.

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**A Point Worth Knowing.**—Dr. L. L. Von Wedekind (*Medical Record*) calls attention to a very simple and effective method of detecting malingerers, bringing unconscious alcoholics to their senses, and controlling hysterical convulsions. He has had numerous opportunities to test this in his official capacity as ambulance surgeon in New York, and presents the following statistics: Out of 1,620 ambulance calls, 213 were to alcoholics, 26 to malingerers, 18 to hysteria cases, and 28 to delirium tremens. Of the 213 alcoholics 137 were comatose, the police and friends being totally unable to arouse them. This treatment brought 128 of the 137 to consciousness. Of the cases where no result was obtained 5 were, besides alcoholism, suffering from cerebral concussion, 2 fracture of the base of the skull, 1 uremic coma, and 1 syncope from valvular heart trouble. We regret that we have not sufficient space to copy this article entire, for it is interesting and valuable. Cases found by the Doctor in supposed articulo mortis were readily roused by this method. One man was found comatose having lacerated wounds of the scalp and considerable blood on his face. The police had tried to rouse him but failed. After ascertaining that there was no fracture of the skull Dr. Von Wedekind applied his method, when the man came to consciousness in almost a minute. His breath smelled of liquor, and he admitted he had been drinking hard for five or six days. He sat up, had his head dressed, and walked to the ambulance.

Another subject was found lying on the sidewalk claiming to

have fallen down the cellar of an unfinished house. He asserted that he could not move his arms or legs, and that he was gradually losing sensation. He was placed upon a stretcher and slowly driven to the hospital. No indications of spinal concussion or fracture being found, malingering was suspected. The test being made for about a minute, the man raised his hands, grasped the hands of the surgeon and removed them. Satisfied of the diagnosis the surgeon ordered him to get up, which he refused to do, but was forced out of bed. Finding his little ruse unsuccessful, he gave way to temper and abused those around him, but admitted in the meantime that his motive in feigning paralysis was to sue the owner of the house for damages for not taking measures to insure the safety of passers-by.

A woman who had been in the habit of fainting in the street when out of funds had often been brought to the hospital in a condition of apparent syncope. This method detected her and she afterward admitted that she was feigning.

A printer who had been brought to the hospital for epilepsy six times within eight months was subjected to the test. In about a minute the man sat up and said, "Well, Doc., I could not hold out any longer." The physician asserts that he had not the least idea he was feigning, as he had the regular convulsions, was frothing at the mouth and biting his tongue or lips, which is usually sufficient for diagnosis. The man admitted that he had "worked" in this way with great success all the hospitals at different times when out of funds.

If something more serious than malingering, drunkenness, or hysteria is present the treatment will fail. It therefore becomes a valuable test with the virtue of doing no harm if it fails to bring the subject round.

The maneuver referred to consists in simply pressing with a steadily increasing force on the supra-orbital notches. "The best way of applying this is: When the patient is in the recumbent position the physician, standing at the head of the cot or kneeling when the patient is on the ground, fixes the tips of the thumbs over the supra-orbital notches, as above described, never minding the occasional yell or struggle, pressing steadily, gradu-

ally increasing the force, and in half a minute or a minute the result is accomplished."

**Ailanthus Glandulosa in Rheumatism.**—Dr. M. H. Hamlin (*American Medical Journal*) writes in terms of commendation of this agent as a remedy for rheumatism and muscular pains. He has employed it in a large number of cases of the kind with uniform success. He uses it in the class of cases where cimicifuga is indicated, and thinks it superior to that agent. He uses it in the following manner:—

Rx      Fl. ext. ailanthus glandulosa, ℥ii.  
            Water, ℥iv.

M. Sig.—Take a teaspoonful every four hours for two days; after that three times a day if needed.

**Cerebral Congestion Following Removal of the Uterine Appendages.**—Dr. H. C. Coe (*Medical Record*) calls attention to the fact that a very common result of removal of the ovaries is severe attacks of cerebral congestion coming on about the time of the menstrual periods. So severe are these attacks in the majority of cases as to be dreaded much more than are those of the dysmenorrhea, for which the operation for removal has been performed.

The sudden arrest of ovulation in the prime of womanhood can but be attended by serious disturbances in the general system. The fact that the majority of women at the menopause suffer intensely from circulatory as well as other irregularity depending more exclusively perhaps upon reflex irritation, ought to be a forcible reminder of the liability of those in whom the functions of the organs are not naturally on the wane to much more marked disturbance of a similar character when suddenly interfered with.

This writer asserts that the disturbance is by no means evanescent; the constitution does not take kindly to the change nor soon become reconciled. In one instance within his knowledge three years have already elapsed, and the attacks of headache are worse than in the beginning.

**Who Struck Billy Patterson?**—During the course of the International Medical Congress a secular paper in Philadelphia (the *Press*) published correspondence from Washington in which statements concerning the proceedings and status of that body were criticised somewhat severely. The authorship of this correspondence was attributed by the editor of the Philadelphia *Medical Register* to I. Minis Hayes, M. D., editor of the *Medical News*. Editor Shoemaker asks, "How much support should the profession give the sheet, the *Medical News*, of which Hayes is proof-reader, after doing all he can to destroy what gives him his livelihood?" Following this comes a letter from the managing editor of the *Press* denying that Dr. Hayes was the author of the correspondence, and that the identity of the correspondents (two in number) who furnished the Washington letters was unknown to Dr. Hayes, "who also," the editor adds, is "unknown to me at the present moment except by name."

**A Fable.**—The editor of the *Medical Visitor* is a high-attenuation homeopathist and the author of a set of materia medica cards for students and a text-book on homeopathic materia medica. Naturally he is not favorably inclined to any method of curing disease except the prescribing of infinitesimals according to the law of *similia*. The rectal pocket boom therefore detracts somewhat from his sphere of labor, and, apparently, according to his ideas of matters, requires satirizing. The following is his method of applying the remedy:—

"A Recent Graduate, who had but lately ceased to manipulate a plow, was basking in abundant leisure, when he was accosted by a Lacerated Uterus.

"'Are you a doctor?' asked the Uterus.

"'Yes,' replied the Recent Graduate, 'let me sew you up.'

"'Hands off!' exclaimed the Lacerated Uterus, holding up her Fallopian Tubes in horror. 'I have been sewed up too much already, and what I came here for is to know why you doctors can't let me alone. Once I was young and handsome [here the Lacerated Uterus sighed so loudly that the Recent Graduate murmured 'Physometra'], but a long course of local treatment, injections, swabbings, applications, and operations have left me in this disfigured condition. Why are all the ills

of humanity heaped upon my neck?' continued the Uterus, wiping her lips with the fringed extremity of the left Fallopian Tube. 'Why am I responsible for everything from consumption to corns?'

"At this moment a Rectum came strolling along with his hands in his pockets, just in time to hear the last remark of the Lacerated Uterus.

"'Rats, sister!' exclaimed the Rectum.

"'Prats, you mean,' said the Recent Graduate, at which the Rectum winked, but he continued.

"'Rats, sister; it is I with my little pockets that have to bear everything. My papillæ are cut off for paralysis, and my pockets are cut out for boils, and my sphincter is stretched for headaches, and I am maltreated in every way for the ills of other organs.' Here the Rectum sighed in an audible manner.

"'Pockets! papillæ!' exclaimed the Recent Graduate in a frenzied tone. 'Great Heavens! let me cut them out.'

"'Not much,' said the Rectum, as he rubbed one of his piles in a soothing way. 'I have seen too much of it already. Only yesterday my brother arose from his downy bed after such an operation, very much disfigured, but still in the ring.'

"'Brother,' said the Lacerated Uterus, 'possibly your words are true, and I am going to have a protracted rest. But I must be going; will your Hemorrhoidal Highness accompany me?'

"'Certes,' said the Rectum, with a smile upon his wrinkled countenance, and together they went out, leaving the Recent Graduate searching his pocket with an air of anxiety for a nickel wherewith to purchase beer.

"'I would I had some gold, besides Aurum 30x,' sighed he, as he failed to find the elusive coin. Then falling into an empty chair, the Recent Graduate assumed an attitude of acute despair."

## MISCELLANEOUS PARAGRAPHS.

DOCTORS GERE and Cornwall have removed their offices from 120 Post Street to 112 Grant Avenue, San Francisco.

DR. E. HASBROUCK, in his paper on "Obstetrical Memoranda and Experiences," mentions the Indian method of resuscitation of still-born infants, introduced to the profession by Dr. Meisner, of Chicago. It consists in placing an apparently dead infant upon a warm woolen blanket, and removing it as far from the body of the mother as the unsevered umbilical cord will permit. The mother is then requested to take a few deep inspirations. It is claimed that with every such inspiration the child will open its mouth, gasp, and soon begin to breathe.

DR. J. W. HUCKINS informs us that efforts are being made by unprincipled allopaths in his neighborhood to smirch his good name, by connecting him with a criminal abortion and by reporting him as trying to evade an investigation. Those of our readers who are acquainted with the Doctor will hardly believe him guilty of disreputable practices until substantial proof is furnished. It is probable that it is an example of one of the methods of "regular" medicine to dispose of a successful "irregular" rival. The "regular" fraternity of Plymouth have had it all their own way so long that they cannot brook irregular competition. It hurts.

"COME, doctor," said the hostess, "you are very skillful. I will give you the honor of carving."

"With pleasure, madam."

And immediately he begins his task. He is very absent-minded, and when he has finally made a deep cut in a leg of mutton he stops, takes a roll of linen and some lint out of his pocket, and carefully bandages the wound. Then, after regarding it critically, he remarks, with professional gravity, while the guests are stupefied with astonishment:—

"There, with rest and good care there is nothing to fear."—*Philadelphia Call.*

A NOVEL DEPARTURE IN ADVERTISING.—Believing that the advertising of medicinal preparations often fails of its purpose viz., to clearly and intelligently present to physicians their special advantages, pharmaceutic or therapeutic, on account of the fragmentary and imperfect manner in which the facts are usually conveyed in such advertisements, Parke, Davis & Co propose to inaugurate rather a novel departure in advertising.

It is their intention to publish in the advertising pages they occupy in medical journals a series of what they term plain talks to physicians, in each issue taking up a certain class of preparations and pointing out the reasons why they deserve to be prescribed, until all their preparations shall have thus been presented.

The excellence of the products of this house are well known, and it is to be presumed that their long experience in the manufacture of medicines will enable them to say in these informal talks something of real interest and benefit to their medical friends.

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**PUBLISHERS' DEPARTMENT.**

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**Succus Alterans in Rheumatism and Syphilis.**

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WE are reliably informed that the preparation Succus Alterans (McDade) is becoming a very popular remedy with the profession, and being very extensively prescribed in general practice as an alterative tonic, aside from its use in syphilitic diseases. The good results from its use in treatment of rheumatism, of chronic character especially, is worthy of consideration. The remedy is certainly growing in favor, and as no great claims have ever been made for it, but simply placed upon its own merit, we think it could possess no higher recommendation.—*Indiana Medical Journal*.

**An Alvine Motor.**

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VARIOUS are the means resorted to for the relief of chronic constipation, but unfortunately most of them are, in a sense, futile, since the effect is but temporary. Dr. George W. Hoagland, of Columbus, Ohio, writes that he uses Elixir Purgans (Lilly) with the very greatest satisfaction, and cordially recommends it to other practitioners. This preparation is used extensively in Carney Hospital and the Lying-in Hospital, in this city; the Children's Hospital, New York; the New York Ophthalmic Hospital, and others, while it is held in high esteem by a large number of physicians. Dr. G. A. Jordan, of Worcester, Mass., says it is certainly the best *alvine motor* he has ever used, and that it gives satisfaction in every instance.—*Massachusetts Medical Journal*.

**First in the Field as Usual.**

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PARKE, DAVIS & Co. are the first to announce that they are prepared to supply the profession with information as to the nature of the new local anesthetic, improperly called Stenocarpine, which is derived from *gleditschia triacanthos*, and should be named Gleditschine.

They are having the claims made for this alkaloid investigated at their laboratory, and announce that they will supply physicians interested in investigating this drug clinically, samples of the "Fluid Extract and Working Bulletin," in which has been carefully collated the reports that have appeared in current medical literature.

Many rivals of cocaine have been announced since the discovery of that alkaloid, but experience has failed to substantiate

their claims. It seems probable, however, that we have in Gleditschine, if the reports already published are to be relied upon, an alkaloid of greater anesthetic power than cocaine, and mydriatic effects exceeding those of homatropine.

### **The Stenocarpine Sensation.**

#### **An Attempt to Impose upon the Medical Profession.**

OUR readers are doubtless familiar with the reports of Drs. J. H. Claiborne, Hermann Knapp, and Edward Jackson, concerning the so-called new local anesthetic, Gleditschine, or Stenocarpine, which were published in the New York *Medical Record*, July 30, August 13, and October 1, and Philadelphia *Medical News*, September 3; in which Gleditschine was claimed to possess remarkable anesthetic and mydriatic properties.

It will, therefore, be of interest to them to learn that Messrs. Parke, Davis & Co. announce that an investigation at their laboratory, of a solution purporting to be a 2 per cent solution of Gleditschine, or Stenocarpine, which was supplied by Messrs. Lehn & Fink, of New York, has developed the fact that this solution, with which the experiments thus far recorded have been made, contains 6 per cent of Cocaine and a sulphate of a salt, which further experiment is likely to prove to be atropia.

F. A. Thompson, Ph. C., also reports, after careful experiment with the leaves of *Gleditschia triacanthos*, from which Gleditschine, or Stenocarpine is claimed to have been derived, that they contain only an infinitesimal percentage of an amorphous alkaloid devoid of anesthetic or mydriatic properties.

In the light of these facts it seems probable that the Stenocarpine sensation should be classed with the Hopeine fraud of malodorous memory, and that the physicians who have already published reports regarding Gleditschine or Stenocarpine have been the victims of a clever hoax.

[Some time ago, after the issue of the October number, we received a notice from Parke, Davis & Co., stating that they were having the claims of Gleditschine, or Stenocarpine, investigated, and requested that the notice be published. It was set up by the printer, when the later article arrived, announcing the discovery of fraud, and requesting that the latter article be published instead of the former. On receipt of the page proof we find both articles included, contrary to our order. However, this will explain the affair and leave the reader in full knowledge of the two articles, and we will let them go to press as made up.—ED.]

## BOOK NOTICES.

THE PHYSICIAN'S VISITING LIST (Lindsay & Blakiston's). Thirty-seventh year; 1851-1888; with many improvements. Published by P. Blakiston Son & Co., 1012 Walnut Street, Philadelphia.

Strength, compactness, convenience, and durability are the essential qualities which a good visiting list should possess to resist the unusual hard wear it receives. These qualities are all combined in Lindsay & Blakiston's Visiting List, which has now been published for thirty-seven years. It is most convenient for the pocket. Its contents are arranged in the most advantageous way, including the following useful tables and specific information:—

A Calendar for 1888 and 1889. Table of Signs to be used in keeping accounts. Marshall Hall's Ready Method in Asphyxia. Poisons and Antidotes. The Metric or French Decimal System of Weights and Measures. Dose Table, revised and rewritten for 1888, by Hobart Amory Hare, M. D., Demonstrator of Therapeutics, University of Pennsylvania. List of New Remedies for 1888, by same author. Aids to Diagnosis and Treatment of Diseases of the Eye, Dr. L. Webster Fox, Clinical Assistant Eye Department Jefferson Medical College Hospital, and G. M. Gould. Diagram Showing Eruption of Milk Teeth, Dr. Louis Starr, Professor of Diseases of Children, University Hospital, Philadelphia. Posological Table, Meadows. Disinfectants and Disinfecting. Examination of Urine, Dr. J. Daland, *based upon Tyson's* "Practical Examination of Urine," fifth edition. Incompatability, Prof. S. O. L. Potter, author of "A Hand-book of Materia Medica and Therapeutics." A New Complete Table for Calculating the Period of Utero-Gestation. Sylvester's Method for Artificial Respiration, illustrated. Diagram of the Chest.

By comparison with last year's edition, it will be seen that much that is new has been incorporated. So concisely, however, has it been put together, that this section occupies no more pages than formerly.

Following this comes the Visiting List proper, including:

Blank Leaves, suitably ruled for Visiting List; Monthly Memoranda; Addresses of Patients and others; Addresses of Nurses, their references, etc.; Accounts asked for; Memoranda of Wants; Obstetric and Vaccination Engagements; Record of Births and Deaths; Cash Accounts, etc. The Records of Births and Deaths have been made to correspond as near as possible with the regulations of the various State Boards of Health.

Aside from its other features, its size and weight recommend it. It measures  $6\frac{1}{8} \times 3\frac{7}{8}$  inches, and the smallest size weighs but  $3\frac{1}{2}$  ounces, and is only  $\frac{3}{8}$  of an inch thick. The large sizes are a little thicker and heavier; it is the smallest and lightest Visiting List published—a very great advantage, when you consider the number of articles the physician has to carry in his pockets.

Our many years' experience have enabled us to put it together in the best manner. Its binding is strong, with gilt edges, uniting durability with neatness. The covers are made of strong leather. The paper, manufactured expressly for it, is strong, and as thin as is compatible with safety, and easy to write upon. A superior pencil with nickel tip, made for this purpose only, by the Dixon Co., accompanies each copy. It is arranged for 25, 50, 75 and 100 patients per day or week, dated and undated, with or without interleaves for special memoranda. The large sizes can also be had bound in two volumes, each volume covering six months, for greater convenience.

No better evidence of the practical worth of this book can be offered than the uniform popularity it has enjoyed, notwithstanding the competition of various imitations published during the past few years.

**THE JOURNAL OF MORPHOLOGY.** Edited by C. O. Whitman, Director of the Lake Laboratory, Milwaukee, Wis., recently of the Museum of Comparative Zoology, Cambridge, Mass. Crown, 8vo. Two numbers a year of 100 to 150 pages each, with from five to ten double plates. Published by Ginn & Co., Boston, New York, and Chicago. Agent for Great Britain, William P. Collins, 157 Great Portland Street, London. Agents for Germany, Friedländer & Sohn, Berlin, N. W. Carlstrasse, 11. Subscription price, \$6.00 a year. Single numbers, \$3.50.

The inaccessibility of our zoological literature, scattered as it is among the various publications of so many societies and insti-

tutions, and mixed up with a mass of heterogeneous matter that has no value for a zoologist, is notorious. Valuable papers are often delayed a year or more in reaching the workers, or, in consequence of the meager facilities for publishing, may never appear. It has been decided, therefore, to establish a journal of animal morphology, devoted principally to embryological, anatomical, and histological subjects. Cordial promises of support have been received from many of the most eminent investigators in this department. The journal will be issued in the best style, with elaborate lithographic plates.

CONTENTS OF No. 1, SEPTEMBER, 1887.

I. Prof. R. Ramsay Wright and A. B. Macallum, of University College, Toronto, Canada—"Sphyranura Osleri," a contribution to American Helminthology. II. Dr. J. S. Kingsley, editor of the *American Naturalist*—"The Development of the Compound Eyes of Crangon." III. Dr. William Patten, Assistant in the Lake Laboratory, Milwaukee—"Eyes of Molluscs and Arthropods." IV. Dr. G. Baur, Assistant in Yale College Museum—"On the Phylogenetic Arrangement of the Sauropsida." V. C. O. Whitman, Director of the Lake Laboratory, Milwaukee—"A Contribution to the History of the Germ-layers in Clepsine." VI. Prof. E. B. Wilson, Bryn Mawr College—"The Germ-bands of Lumbricus." VII. Dr. William Patten, Assistant in the Lake Laboratory, Milwaukee—"Studies on the Eyes of Arthropods;" "Development of the Eyes of Vespa, with Observations on the Ocelli of Some Insects."

This number will contain seven double lithographic plates and one heliotype plate.

PHYSICIAN'S PERFECT CALL-LIST AND RECORD. Edited by G. Archie Stockwell, M. D., F. Z. S. Arranged for perpetual use. Published by Geo. S. Davis, Detroit, Mich. Price, post-paid, \$1.50.

Many physician's visiting-lists and day-books have been published, some of them meeting very well the requirements of physicians, others most inconvenient in arrangement, inelegant in form, and lacking in completeness, with much irrelevant matter.

After consultation with prominent physicians, and careful con-

sideration of the merits and defects of the lists previously offered, the publisher of the *Physician's Perfect Call-List and Record* has arranged with Dr. Stockwell, whose practical knowledge of the requirements renders him especially well fitted for the task, to prepare a list which, while distinct from all other lists, and possessing advantages they do not, shall retain their good points and avoid their imperfections.

To make it in form also worthy of its excellence in scope and convenience, its manufacture has been intrusted to the Lippincott Company, of Philadelphia, who excel in this kind of work, with instructions to spare no effort to make this the handsomest and most durable list published.

In its preparation nothing has been omitted which is specially desirable or necessary to the hurried practitioner, and nothing added to embarrass. The arrangement under the various headings and the rulings are the outcome of practical demands and experience on the part of more than one physician. While many new and desirable features are exhibited, prolixity has been avoided, and publisher and author alike have sought to make it a compact, concise, and *convenient* visiting-list and day-book.

No tumbling of pages is required to secure immediate promptings and information; emergency notes are always at hand. The inside of one cover with its fly leaf contains Poisons, Antidotes, and Methods in Asphyxia, etc.; upon the opposite cover is found Metric Table and Metric Information, Ely's Instantaneous Obstetric Calendar (in colors), and Differential Diagnosis of Eruptive Fevers.

The newly revised and corrected Posological Table is complete and embraces the very latest additions to materia medica, including eclectic and unofficial remedies, newer alkaloids, etc. The classification is such that any title may be detected at a glance. This is the most thorough and concise Dose List extant, and alone is worth the price of the book.

A valuable feature is a Table of Food Digestion alphabetically arranged.

The Therapeutical Axioms and Facts regarding children, arranged with a view to instantaneous consultation, commend

themselves alike to old and experienced, and to youthful practitioners. Such have never before in complete, concise, and practical form appeared in any work.

Under Thermometry are embodied several facts of importance little known or understood, including indications and sources of error in readings.

**RULING.**—The Daily Ruling, though somewhat of a departure from established precedents, retains sufficient of general methods to avoid confusion. Each of the 60 interleavings (double pages) accommodate 32 names and the keeping of all accounts, Debit, Credit, Expense, Balance, and Memoranda, for one week.

The Obstetric Record, like the foregoing, is arranged in the interest of conciseness, convenience, and better classification of the features peculiar to such memoranda. Expectation and confinement, instead of requiring separate double pages and headings, are here combined without possibility of error.

A complete Record of Deaths, omitted in most lists, is added. Also pages for Borrowed and Loaned, including monetary transactions; Bills and Accounts Rendered; General Memoranda of Wants; Special Monthly Memoranda; Vaccination Record; and General and Monthly Summary of Business and Expenses.

**INSANITY, ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT.** A manual for students and practitioners of medicine. By E. C. Spitzka, M. D., President of the New York Neurological Society, formerly physician to the Department of Nervous Diseases of the Metropolitan Throat Hospital, consulting neurologist of the Northeastern Dispensary, neurologist to the German Poliklinik, etc. Published by E. B. Treat, 771 Broadway, New York.

This is one of Treat's Medical Classics, and it is a very fine work on the subject discussed, as it deals with those points which are of importance to observe while the physician is testifying upon the subject of insanity in courts of law, while the subject is handled so clearly as to be entertaining throughout the entire work. The first chapter, which is devoted to the definition of insanity, is replete with sound instruction very clearly and forcibly impressed. The publisher has also acquitted himself creditably.

CYCLOPEDIA OF OBSTETRICS AND GYNECOLOGY. Being twelve volumes of Wood's Library for 1887.

We have received the four volumes of the "Cyclopedia of Obstetrics" of this year, but through some inadvertence the fifth volume of the library or the first one of the "Cyclopedia of Gynecology" has not yet reached us. We now have volumes 6, 7, 9, and 10, or volumes 2, 3, 5, and 6 of the "Cyclopedia of Gynecology." We believe this excels all other productions offered in Wood's Library, and there have certainly been some highly valuable works heretofore issued. Every one of our readers should hesitate about neglecting so grand an opportunity of acquiring such a work at so nominal a cost. The price of the library for this year is \$16.50. It can be obtained of Wm. Duncombe & Co., 425 Sutter Street, San Francisco. The volumes will be noticed separately when the lacking numbers have been received.

Since writing the above our attention has been called to the following notice from the publishing house of Wm. Wood & Co., which explains the absence of the missing volumes:—

"In order to insure the completion of the "Encyclopedia of Obstetrics and Gynecology" in the early autumn, it is found convenient to issue the volumes as rapidly as they come from the hands of the translators and editor, without regard to their consecutive numbers. Vols. 1, 2, 3, 4, and 6 are now out. Vol. 5 will probably be the last one issued, in consequence of about half the volume being entirely original by the editor, Dr. Grandin. Vol. 10 will be issued this month, Vol. 9 in July, Vol. 7 in August, and Vols. 8, 11, 12, and 5 in September and October, completing the work.

WM. WOOD & CO.

*"June 10, 1887."*

MASSAGE. By Geo. H. Taylor, M.D., author of "Health by Exercise;" "Health for Women;" "Pelvic and Hernial Therapeutics," etc. John B. Alden publisher, New York.

This is an important subject and one destined to take a prominent place in the future in the treatment of chronic diseases. The little work of Dr. Taylor is calculated for popular reading, but it is worthy the perusal of every physician. Mechanical processes of massage are fully discussed.